

2019 Proposed Low Deductible \$500/\$1000 Plan				
Dean Health Plan			Monthly Premiums	
	Deductible	Total Premium	Employer 89.5%	Employee 10.5%
Single	\$500.00	\$681.01	\$609.51	\$71.50
Family	\$1,000.00	\$1,702.51	\$1,523.75	\$178.76

2019 Proposed PPO Low Deductible \$500/\$1000 Plan				
			Monthly Premiums	
	Deductible	Total Premium	Employer	Employee
Single	\$500.00	\$932.12	\$609.51	\$322.61
Family	\$1,000.00	\$2,330.29	\$1,523.75	\$806.54

2019 Proposed High Deductible H.S.A \$1500/\$3000 Plan						
Dean Health Plan		H.S.A. Funding			Monthly Premiums	
	Total Deductible	Employer Funded	Employee Deductible	Total Premium	Employer 89.5%	Employee 10.5%
Single	\$1,500.00	\$1,000.00	\$500.00	\$498.30	\$445.98	\$52.32
Family	\$3,000.00	\$2,000.00	\$1,000.00	\$1,245.74	\$1,114.94	\$130.80

2019 Proposed PPO High Deductible H.S.A \$1500/\$3000 Plan						
		H.S.A. Funding			Monthly Premiums	
	Total Deductible	Employer Funded	Employee Deductible	Total Premium	Employer	Employee
Single	\$1,500.00	\$1,000.00	\$500.00	\$670.15	\$445.98	\$224.17
Family	\$3,000.00	\$2,000.00	\$1,000.00	\$1,675.37	\$1,114.94	\$560.43

2019 Proposed Dental Insurance				
	Total Premium	Employer Paid (FT)	Employee Paid (FT)	COBRA
Single	\$32.97	\$29.18	\$3.79	\$33.63
Family	\$99.46	\$88.02	\$11.44	\$101.45